PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T = 1	OTAL OLABAC		(Column 1)		(Column 2)			TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			29					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			29 minus 20=		* 9			X\$ 9=	81	OR	X\$18=	·	
INDEPENDENT CLAIMS			3 minus 3 =		* 0			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0"						olumn 2	ı	TOTAL	466	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
	-1	(Column 1)		(Column 2) (Column 2)			_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAINA	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		·					-						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
٩ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	PENDENT	CLAIM		!	+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		^	0011.122		•								
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST BER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	·	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		ı	.000	•	
* 19	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL		
**	f the "Highest Nur	nber Previously Pa mber Previously Pa	id For" IN THIS	SPACE is	less than	20, enter "20."	Αľ	TOTAL ODIT. FEE		OR ,	DDIT. FEE		
		ber Previously Paid					r foun	d in the app	ropriate box	in col	umn 1.		